

**Commonwealth of Massachusetts
Department of State Police
Crime Laboratory System**

I, James L Hanchett, hereby certify that I am the custodian of the record attached and this document is true and complete copy of the following case filed for **Sample Number:** [REDACTED]

- Department of Public Health State Laboratory Drug Chain of Custody Receipts from submission on May 23rd, 2012
- Department of Public Health State Laboratory Notes from James Hanchett for Sample numbers [REDACTED]
- Department of Public Health State Laboratory Analytical Results for Sample numbers [REDACTED]
- Department of Public Health State Laboratory Protocols for Sample numbers [REDACTED]
- Curriculum Vitae for James Hanchett

I further state that this record is kept in the normal course of business; that this record is kept in good faith; that is the regular course of the department of State Police Crime Laboratory Systems to make such a record.

Signed this date under the pains and penalties of perjury.

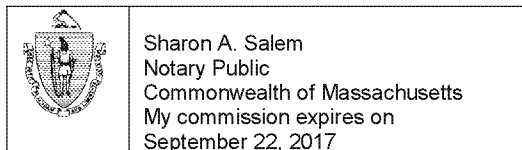
Date: May 10, 2017

Signature: _____
Title: Forensic Scientist
State Police Crime Laboratory

Commonwealth of Massachusetts

Middlesex, ss.

On this 27 day of February 2013, before me, the undersigned notary public, personally appeared James L. Hanchett, proved to me through satisfactory evidence of identification, which was a Massachusetts State Police ID, to be the person whose name is signed on this document and acknowledged to me that they signed it voluntarily for its stated purpose as a custodian of records for the State Police Crime Laboratory System.



Sharon A. Salem, NOTARY PUBLIC
My commission expires on September 22, 2017

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